CS Form No. 212 Revised 2017										
Revisea 2017	PERSO	NAL DAT	A SH	IEE7	Γ					
	ion made in the Personal Data Sheet and	the Work Experience Sheet s	hall cause the	filing of ad	ministrative	/criminal case/s	against the p	erson		
concerned. READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA	SHEET (PDS) BEFORE ACCO	MPLISHING TI	HE PDS FOR						
Print legibly. Tick appropriate boxes . PERSONAL INFORMATION	) and use separate sheet if necessary. Indic	ate N/A if not applicable. DO NOT	ABBREVIATE		1. CS ID No.		(Do not fill up. F	For CSC use only)		
	BAUGBOG									
	LEIA MAE			NAME EXTENSION (JR., SR)						
	CRUZADA									
3. DATE OF BIRTH	7/31/1998	40 OLTIZENCUID								
(mm/dd/yyyy)	1/31/1990	16. CITIZENSHIP	. CITIZENSHIP			Filipino Dual Citizenship  by birth				
4. PLACE OF BIRTH	HINUNANGAN SO. LEYTE	If holder of dual citize	If holder of dual citizenship,			☐ by birth ☐ by naturalization  Pls. indicate country:				
5. SEX	Male Female	please indicate the d	etails.		▼					
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	N/A		Р	PUROK PAPAYA				
	☐ Widowed ☐ Separate ☐ Other/s:		House/Block/Lot No. N/A			Street PONDOL				
7. HEIGHT (m)	149 cm		Sul H		9	SO	Barangay OTHERN LEYTE			
8. WEIGHT (kg)	45 kg	ZIP CODE	С	ity/Municipality			Province			
9. BLOOD TYPE	N/A	18. PERMANENT ADDRESS		N/A		PI	UROK PAPAYA			
		_	Hou	se/Block/Lot No N/A	0.	Street PONDOL				
IO. GSIS ID NO.	N/A	_	Sui	bdivision/Village			Barangay			
1. PAG-IBIG ID NO.	N/A		С	HINUNANGAN ity/Municipality		SOUTHERN LE Province		RNLEYIE		
2. PHILHEALTH NO.	12-025863737-6	ZIP CODE								
3. SSS NO.	34-8863710-2	19. TELEPHONE NO.								
4. TIN NO.	764-932-180	20. MOBILE NO.		09050292307						
5. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		baugbogleiamae12@gmail.com / leiamaebaugbog21@gmail.com						
I. FAMILY BACKGROUND										
2. SPOUSE'S SURNAME	N/A	NAME EXTENSION (JR. SR.)	23. NAME of CH	ILDREN (Write	e full name and	list all)		TH (mm/dd/yyyy)		
2. SPOUSE'S SURNAME FIRST NAME	N/A	NAME EXTENSION (JR., SR)	23. NAME of CH	ILDREN (Write		list all)		TH (mm/dd/yyyy)		
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME	N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CH	ILDREN (Write		list all)				
2. SPOUSE'S SURNAME  FIRST NAME  MIDDLE NAME  OCCUPATION	N/A N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CH	ILDREN (Write		list all)				
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME	N/A N/A N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CH	ILDREN (Write		list all)				
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS	N/A N/A N/A N/A N/A	NAME EXTENSION (JR., SR)	23. NAME of CH	ILDREN (Write		list all)				
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO.	N/A N/A N/A N/A N/A N/A		23. NAME of CH	ILDREN (Write		list all)				
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS	N/A N/A N/A N/A N/A		23. NAME of CH	IILDREN (Write		list all)				
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME	N/A  N/A  N/A  N/A  N/A  N/A  N/A  BAUGBOG		23. NAME of CH	IILDREN (Write		list all)				
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME	N/A N/A N/A N/A N/A N/A N/A RAUGBOG		23. NAME of CH	IILDREN (Write		list all)				
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME	N/A N/A N/A N/A N/A N/A N/A RAUGBOG		23. NAME of CH	ILDREN (Write		list all)				
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME	N/A  N/A  N/A  N/A  N/A  N/A  N/A  BAUGBOG  ROMEO  BALIAD		23. NAME of CH	ILDREN (Write		list all)				
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME SURNAME	N/A  N/A  N/A  N/A  N/A  N/A  N/A  BAUGBOG  ROMEO  BALIAD		23. NAME of CH		N/A	list all)	N N			
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME	N/A  N/A  N/A  N/A  N/A  N/A  N/A  BAUGBOG  ROMEO  BALIAD  CRUZADA  JOSEFA  PAKIDING		23. NAME of CH		N/A		N N	A/A		
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME	N/A  N/A  N/A  N/A  N/A  N/A  N/A  BAUGBOG  ROMEO  BALIAD  CRUZADA  JOSEFA  PAKIDING			(Co	ontinue on sej		N N			
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME III. EDUCATIONAL BACKGE	N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	NAME EXTENSION (JR., SR)  BASIC EDUCATION/DEGR		(Cc	ontinue on seg	parate sheet if neces HIGHEST LEVEL/ UNITS EARNED	ssary)	SCHOLARSHIP/ ACADEMIC HONORS		
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME LEVEL	N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	NAME EXTENSION (JR., SR)  BASIC EDUCATION/DEGR (Write in full)		PERIOD OF A	ontinue on seg	Darate sheet if neces HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME LEVEL ELEMENTARY SECONDARY VOCATIONAL /	N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	NAME EXTENSION (JR., SR)  BASIC EDUCATION/DEGR (Write in full)		(Cd PERIOD OF / From 6/1/2005	portinue on segnation of the segment	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED HONORABL E MENTION		
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME III. EDUCATIONAL BACKGE 26. LEVEL ELEMENTARY SECONDARY	N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	NAME EXTENSION (JR., SR)  BASIC EDUCATION/DEGR (Write in full)  N/A  N/A	EE/COURSE	(CC PERIOD OF / From 6/1/2005 6/15/2011	pontinue on sep  ATTENDANCE  To  4/12/2011  3/15/2015	Darate sheet if neces HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATED GRADUATED	YEAR GRADUATED 2011 2015	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED HONORABL E MENTION N/A		
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION  EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO.  24. FATHER'S SURNAME FIRST NAME MIDDLE NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME  MIDDLE NAME LEVEL  ELEMENTARY SECONDARY VOCATIONAL / TRADE COURSE	N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	NAME EXTENSION (JR., SR)  BASIC EDUCATION/DEGR (Write in full)  N/A  N/A	EE/COURSE	(Co PERIOD OF / From 6/1/2005 6/15/2011 N/A	Dontinue on Sej ATTENDANCE To 4/12/2011 3/15/2015 N/A	HIGHEST LEVEL/ UNITS EARNED (if not graduated)  GRADUATED  GRADUATED  N/A	YEAR GRADUATED 2011 2015 N/A	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED HONORABL E MENTION N/A		
2. SPOUSE'S SURNAME FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME FIRST NAME MIDDLE NAME 5. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME MIDDLE NAME LEVEL ELEMENTARY SECONDARY VOCATIONAL / TRADE COURSE COLLEGE	N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	BASIC EDUCATION/DEGR (Write in full)	Y EDUCATION	(CC PERIOD OF / From 6/1/2005 6/15/2011 N/A 6/1/2015	Dontinue on Sej  ATTENDANCE  To  4/12/2011  3/15/2015  N/A  6/15/2019	Darate sheet if neces HIGHEST LEVEL/ UNITS EARNED (if not graduated) GRADUATED GRADUATED N/A GRADUATED	year GRADUATED 2011 2015 N/A 2019	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED HONORABL E MENTION N/A N/A		

IV. C	CIVIL SERVICE ELIG	GIBILITY							
27.	27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING	DATE OF EXAMINATION /	PLACE OF EXAMINATION / CONFERMENT			LICENSE (if applicable)  Date of	
			(If Applicable)	CONFERMENT	. 2.02 6. 250			NUMBER	Validity
	BOARD EXAMINATION	ON FOR TEACHERS	83.0	7/11/1905	TACLO	TACLOBAN CITY		1842761	7/31/2023
			(Co.	ntinue on separate sheet	if necessary)				
	ORK EXPERIENCE								
	ide private employme INCLUSIVE DATES	ent. Start from your recer	nt work) Descriptio	on of duties should	be indicated in the attacl	hed Work Ex	SALARY/ JOB/ PAY	et.	
28.	(mm/dd/yyyy)	POSITION T (Write in full/Do not			DEPARTMENT / AGENCY / OFFICE / COMPANY MONTHLY applica		GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE
F	rom To	,		, ,			INCREMENT		(Y/ N)
			(Cor	ntinue on separate sheet	if necessary)				
	SIGNATURE				DATE		09/17/2021		

VI. VOLU	NTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	T/PEOPLE/V	OLUNTARY	ORGANIZATIO	ON/S		
29.	NAME & ADDRESS OF O	RGANIZATION	INCLUSIV	/E DATES ld/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK	
	(Write in full	)	From	To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
VII I FAI	RNING AND DEVELOPMENT (L&D)		tinue on separate		)			
VII. LEAF	RNING AND DEVELOPMENT (L&D)	TINTERVENTIONS/TRAINING P		DATES OF		Time of LD		
30.	TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full		ATTEN	DANCE d/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
			110111	10				
			<u> </u>					
		(Con	tinue on separate :	sheet if necessary	)			
VIII. OTH	IER INFORMATION	1000			,			
31.	SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTIN (Write	NCTIONS / RECOG e in full)	INITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
		(Con	tinue on separate	sheet if necessary			<u> </u>	
	SIGNATURE	I			D.	ΔTF		

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate.						
Bureau or Department where you will be apppointed, a. within the third degree?	☐ YES □	√ NO				
b. within the fourth degree (for Local Government Unit - Cal		_				
b. within the lourth degree (for Local Government Onit - Gai	If YES, give details	NO .				
		ii 120, give detaile	•			
35. a. Have you ever been found guilty of any administrative of	YES	√ NO				
		If YES, give details				
			•			
b. Have you been criminally charged before any court?		☐ YES If YES, give details	NO			
		Date Filed:				
		Status of Case/s:				
36. Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation	□ vrc				
by any court or tribunal?	,,	☐ YES If YES, give details	. ☑ NO			
		ii 120, give detaile	•			
37. Have you ever been separated from the service in any of th	o following modes: resignation					
retirement, dropped from the rolls, dismissal, termination, el		YES If YES, give details	NO NO			
out (abolition) in the public or private sector?	а ст. с,отоа солиасто. расса	II TES, give details.				
38. a. Have you ever been a candidate in a national or local ele	ection held within the last year (except	☐ YES	√ NO			
Barangay election)?		If YES, give details	_			
b. Have you resigned from the government service during the	he three (3)-month period before the last					
election to promote/actively campaign for a national or local		If YES, give details:				
39. Have you acquired the status of an immigrant or permanent	t resident of another country?	□ VEC	- NO			
	•	☐ YES ☑ NO If YES, give details (country):				
		ii 120, give detaile	(Godinay).			
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	gna Carta for Disabled Persons (RA		<u> </u>			
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)						
a. Are you a member of any indigenous group?		YES	✓ NO			
		If YES, please specify:				
b. Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:				
c. Are you a solo parent?		YES	✓ NO			
. ,		If YES, please specify				
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/annointee)					
NAME	ADDRESS	TEL. NO.				
APPLE MACE P. CAMOMOT	PONDOL, HINUNANGAN SO. LEYTE	9972847779				
JAPHETH D. BULING	BANGCAS-B, HINUNANGAN SO. LEYTE	9751885330				
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine						
Philippines. I authorize the agency head/authorized representations of pertine						
I agree that any misrepresentation made in this doc			PHOTO			
administrative/criminal case/s against me.						
0 11 110						
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance						
Government Issued ID: 1842761						
ID/License/Passport No.: PROFESSIONAL IDENTIFICATION CARD	ox)					
Date/Place of Issuance: 01/10/2020 TACLOBAN		Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ting his/her validly issued	government ID as indicated above.			
I	h					